U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 2098

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	09/01/2003 Through: 08/31/2004	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name FRED MCGRAW	Name OAPSE	
	Labor Organization File Number 5/3-868	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 1258 SOMERSET WAY	Street 6805 OAK CREEK DR	
City PICKERINGTON	City COLUNBUS	
State 0 H ZIP Code + 4 43/4	7 State 0H ZIP Code + 4 43229	
Position in labor organization. DIRECTOR OF	EDUCATION & PESEARCH	
Held an interest in, engaged in transactions (including loans) wi	rith, or derived income or other economic benefit of	
Name and address of Employer (including trade name, if any).		
Name and address of Employer (including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.	
Name and address of Employer (including trade name, if any). Name Frade Name, if any: P.O. Box, Bldg., Room No., if any	anization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.	
nonetary value from an employer whose employees your organic. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.	
	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.	
nonetary value from an employer whose employees your organs. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature nalty of Perjury and other applicable penalties of the law, that all of the information ompanying documents), has been examined by the signatory and is, to the best of the	

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	der parts A and B above) y or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name ART MCGUIRE, NW /NS. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 435 LAZELLE RD. City WESTERVILLE State OH ZIP Code + 4 4308/	14.a. Nature of payment. GIFT CERT. TO A RESTAU	PANT
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	00